PTO/SB/22 (08-03)

PETITION	Y FOR EXTENSION (OF TIME UNDER 37 CFR 1	.136(a) - Oocket Number (Optional) -045270-005914US
In re Application of Dale B. Schenk			
		Application Number 09/7	
	•	For PHARMACEUTIC	AL COMPOSITIONS AND METHODS FOR AMYLOIDOGENIC DISEASES
		Art Unit 1647	Examiner Nichols, Christopher J.
application	n.		and the period for filling a reply in the above Identified
The reque	ested extension and appl One month (37	ropriate non-small-entity fee are CFR 1.17(a)(1))	e as follows (check time period desired): \$
	☑ Two months (37		\$420
	•	37 CFR 1.17(a)(3))	\$
	-	7 CFR 1.17(a)(4))	\$
		CFR 1.17(a)(5))	\$
Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced			
L	by one-half, and the resulting fee is: \$.		
.□	A check in the amount of the fee is enclosed.		
	The Director has already been authorized to charge fees in this application to a Deposit Account.		
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1430.			
	I have enclosed a dupl	licate copy of this sheet.	
i am the applicant/inventor.		rentor.	•
	C assigned of rec	ord of the entire interest. See tunder 37 CFR 3.73(b) is enclose	37 CFR 3.71 sed. (Form PTO/SB/96).
	attorney or age	nt of record., Registration Nuп	nber 42,397
	attomey or age	nt under 37 CFR 1.34(a).	
	-	or If acting under 97 CFR 1.54(a).	_ ·
WAR on th	RNING: Information on his form. Provide credi August 20, 200	it card Information and autho	c. Credit card information should not be included prization on PTO-2038.
-	Date		Signature
ļ			Rosemarie L. Celli, Reg. No. 42,397
			Typed or printed name
NOTE: Sigr	natures of all the inventors or as gnature is required, see below	signees of record of the entire interest	or their representative(s) are required. Submit multiple forms र्स more
PTota	of forms are submit	ted	- · · - ·

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